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AUTHOR Schwenn, John O.; And Others
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ABSTRACT

This review of the literature, litigation, and legislation summarizes special education classification patterns for children with disabilities in the rural Southeast. Focus is particularly on those socially constructed and culture bound disabilities (such as specific learning disabilities (SLD), educable mental retardation (EMR), and mild emotional disturbance) for which individual classifications are derived subjectively and whose identification varies accordingly from state to state, district to district, and school to school. It is concluded that, although much has been done through litigation and legislation during the last 15 to 20 years, discrepancies still exist in the placement of students in EMR and SLD classes with black students still being overrepresented in special education placements, especially EMR placements. Socioeconomic status is a significant factor in determining into which category of special education a student is placed, with low socioeconomic status often leading to the EMR classification and middle or higher socioeconomic status more commonly leading to the SLD classification. Other issues identified include test bias, the need for prereferral interventions, and the importance of quality educational services in all special education placements. Contains 19 references. (DB)

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RESEARCH ON SERVICE PATTERNS FOR EXCEPTIONAL
CHILDREN IN THE RURAL SOUTHEAST

John O. Schwenn

Emporia State University

T. Gene Hamon

Delta State University

J. Reid Jones

Delta State University

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Introduction

Classification systems for placement in Special Education programs can be divided into two types. The first type is an objective measure that has as its basis sensory limitations (Ysseldyke & Algozzine, 1982) or clinical evidence of organic impairment (Coles, 1978) such as blindness and deafness. By any criteria, it can be determined that these individuals have a handicap. The second classification type is subjective as individual classifications are derived subjectively and identification varies accordingly from state to state, district to district, and school to school. Students with specific learning disabilities, mild mental retardation, and mild emotional problems, are in this category (Ysseldyke & Algozzine, 1982).

The subjectively determined categories are socially constructed and culture bound. Gleb and Mizokawa (1986) report that in reviewing classification systems of other countries throughout the world, subjective classifications used in the United States, such as cultural familial retardation or those who fall within the Educable Mental Retardation (EMR) range, display no organic cause, who are basically retarded only during the school hours, and who are culturally deprived and specific learning disabilities (SLD), do not exist. Identification and placement in a

specific special education category frequently depends on the background and experiences of an individual. It is often difficult to distinguish students identified in one subjective classification from students identified in another subjective classification. Furthermore, a disproportionate number of minority students are in special education programs in general and EMR specifically (Cardenas & First, 1985; Chinn & Hughes, 1987; Finn, 1982; and Serwatka, Dove, & Hodge, 1986) while a disproportionate number of Anglo students have been identified as SLD. In a review of literature, Sleeter (1986) found that classrooms for SLD students were overwhelmingly middle class and white.

Litigation has identified some causal problems. *Larry P. vs Riles* (1972) and *Hobson vs Hansen* (1967) determined that IQ tests, as used, were biased in the placement of minority and poor children and ruled that this problem must be remedied. *Diana vs State of California* (1969) declared that children needed to be tested in their native language. These court rulings determined that too many minority children were in Special Education placements.

Public Law 94-142, The Education of All Handicapped Children Act (Federal Register, 1977) was passed to provide an appropriate and

free education to all handicapped children. The law also guarantees appropriate testing and placement procedures.

Even with the nondiscrimination litigation and legislation, Tucker (1980) reports that the proportion of Blacks in special education programs of all types has increased while the percentages of other minorities has basically remained the same. He believes that Blacks are placed in EMR classes when it is socially desirable or in SLD classes when it is expedient to do so. The numbers of Blacks are hidden in SLD classes because of the tremendous numbers of Anglos so placed. Wright and Cruz (1983) concur as they found that in California Blacks are overrepresented in SLD classes which suggests to them that SLD placement is used instead of EMR placement. This may be especially true in states that have heavily been involved in litigation.

Gelb and Mizokawa (1986) studied all 50 states for the 1978-79 school year. They determined that two subjective categories and low socioeconomic status variables were positively correlated or more prevalent with the students labeled EMR and negatively correlated with high expenditures on education. However, the group of students labeled SLD displayed a positive association with higher income and higher

expenditures on education and a negative association with low socioeconomic status variables. They found no correlations between the variables and any objective classification.

In California, Brosnan (1983) found that school districts ranked as having high SES tended to have low minority enrollment, districts with high minority enrollments had a larger percentage of students identified as handicapped, and Blacks were overrepresented in MR and SLD programs. However, because of statistical reporting procedures by various districts, some data was missing which could cloud the results.

When comparing the percentages of Black students enrolled in special education classes in Florida with Anglo students, Serwatka, Dove, and Hodge (1986) found a disproportionate overrepresentation of Black students in all special education classes, especially classes for EMR and emotionally handicapped (EH). They report that when placement in special education is dependent upon tests that are considered biased by some, overrepresentation of Black students occurs. They suggest that in Florida fewer Blacks are in SLD programs because SLD has the "reputation for being the 'most socially acceptable disability' in the 'suburbs'" (p. 20).

The results of litigation and the passage of Public Law 94-142 should have resulted in a more equal representation of Anglo, Black, and high and low socioeconomic status children in EMR and SLD classrooms. Several states report differing placements for minority children. Two questions can be asked. Are the identified numbers of EMR children and SLD children more equitable today? Does socioeconomic status and/or race determine class placement in EMR and SLD programs?

Method

Finn (1982) claims that it is necessary to look at placement in special education programs on a district by district basis rather than by looking at the state in its entirety. Although each district follows the same state guidelines, disproportions in placement rates and racial composition are frequently observed between the districts. Data from large districts tend to obscure data from smaller districts. Therefore, this study chose to look at placement on a district by district basis.

Data were obtained from two reports issued by the State Department of Education (SDE) in Mississippi. All data on students being served were drawn from the Data Report: Programs for Exceptional Children (1986-1987) (State Department of Education, 1987)

which is the most current report. Statistical information on the school districts was obtained from the District Profile Sheets (1988-1989) (State Department of Education, 1989). All data were entered on D-BASE 4.0 and loaded into the CSS (v 2.0, 1989) interactive statistics package.

The 152 districts in the state of Mississippi are divided into five geographic areas. The overall frequencies for exceptional children from all five service areas were examined (State Department of Education, 1987). Five variables were then run to attempt to understand results for each of the 152 school districts in the state of Mississippi. These data were drawn from the District Profile Sheets (1987-1988) (State Department of Education, 1989).

The five variables are described as:

1. Percentage of students identified as EMR
2. Percentage of students identified as SLD
3. District percentage of students identified on free lunch
4. Percentage of district budget from local sources
5. Percentage of nonwhite students

Results and Conclusions

Overall frequencies for exceptional children from the five service

areas in the state of Mississippi are shown in Table 1. Two important trends are noted here. The first trend is that all five service regions show approximately the same percentage of exceptional children served which ranges from 10.14% to 11.79% of the total enrollment. Programs for the Gifted and Talented are excluded from these data. Comparable percentages were expected as funding for programs for exceptional children is based on the absolute number of students served. In order to receive the maximum amount of reimbursement each region of the state identifies as many eligible students as possible. The second trend can be observed in Region 2 and in Region 5. In Region 5 there is a considerable reduction in the percentage of EMR students and a large increase of SLD students while the opposite is true in Region 2 where the largest percentage of EMR students and the smallest percentage of SLD students are served in special education. These variations in proportion were sufficient to cause a significant deviation in "goodness of fit" producing a significant Chi Square (Chi Square = 12.272 with 4df; $.05 < .01$).

TABLE 1
SPECIAL EDUCATION STUDENTS SERVED BY STATE SERVICE AREA
1986-1987 DATA¹

State Service Area	Total Public School Students	Total Special Education ²	Special Education Percent of Total	Percent of Special Education Students			
				EMR	LD	LS	Other ³
1	121,634	12,335	10.14%	16.41	42.97	34.11	6.51
2 (Delta)	82,406	8,726	10.59%	23.80	32.94	37.43	6.21
3	88,371	10,213	11.56%	13.84	46.11	35.71	4.35
4	86,475	10,163	11.75%	16.86	44.51	33.86	4.71
5	112,001	13,201	11.79%	9.36	54.09	30.58	6.11

¹As of August 14, 1989, these are the most recent data available from the State Department of Education, Mississippi.

²Excludes Gifted and Talented

³Includes TMR, S/PR, VI, D/B, EMH, and MH.

To further understand the deviating proportions, analysis was performed on the above five described variables for each of the 152 school districts in the state. In each case, the district average was taken as the unit of observation, yielding 152 possible observations for each of the five variables.

A correlation matrix with these five variables is shown in Table 2. A number of significant correlations are noted.

Significant positive correlations to EMR percentage include percent on free lunch ($r=.68$) and nonwhite ($r=.69$). A significant negative correlation to local financial support ($r=-.30$) is noted. Several conclusions therefore appear warranted concerning the districts with a disproportionately high percentage of students identified as EMR. These districts have:

1. a higher percentage of low socioeconomic status (free lunch) students;
2. a higher percentage of nonwhite students; and
3. a lower amount of local financial support.

In general, these are the some of the poorest districts in the state of Mississippi.

Table 2

Correlates to District Percentages of EMR and SLD *

	EMR%	SLD%
Free Lunch	+.68	-.46
Nonwhite	+.69	-.55
Local Financial Support	-.30	+.21

* Plus or minus $r=.20$ will be significant at the .05 level, two-tailed

A significant positive correlation to SLD percentage is observed in local financial support ($r=.21$). Significant negative correlations include percentage of students on free lunch ($r=-.46$) and nonwhite ($r=-.55$). The following conclusions appear warranted for those districts with a disproportionately high percentage of students identified as SLD. The districts have:

1. a higher amount of local financial support;
2. a smaller proportion of low socioeconomic status (free lunch) students; and
3. a lower percentage of nonwhite students.

In general, these districts are some of the more financially able in the state of Mississippi.

Discussion

Although much has been done through litigation and legislation during the last 15 to 20 years, it is still evident that discrepancies exist in the placement of students in EMR and SLD classes. Black students are still overrepresented in special education placements, especially EMR. In California, Blacks are over represented in special education programs but are concentrated in SLD classes rather than EMR classes in part because

of litigation in that state. Blacks are still overrepresented overall there in special education. The label SLD continues to be an Anglo label in this country as Anglos are overrepresented in these classes.

Socioeconomic status is a significant factor in which category of special education a student is placed. Low socioeconomic status leads to the EMR classification while middle class or higher socioeconomic status leads to the SLD classification.

It has been suggested by Gleb and Mizokawa (1986) that our labels are bound to cultural and social contexts. This appears to be the case as most other countries do not have the subjective classifications that we do. Additionally, culture and social expectations must play a role since there is a significant relationship between social class, ethnic background, and placement in a specific education classification.

Low socioeconomic status influence could be the result of a number of factors according to Birch and Gussow (1970). Poor and less prenatal care such as poorer nutrition and fewer visits to physicians tend to be characteristics of this class. There is a higher incidence of problem pregnancies, higher reproductive risks, prenatal complications, prematurity, and a higher risk of contracting illnesses early in life. Larger families also

tend to be the norm which leads to more child-child interaction than adult-child interaction. This poses communication deficiencies as well as poorer adaptive behavior and may result in higher levels of mild mental retardation.

Serwatka et al. (1986) believe that test bias continues to create the overrepresentation and disproportionate number of Black students in EMR classrooms. They report that Blacks obtain scores lower on tests such as IQ tests because of life experiences rather than limited intellectual ability. Middle class life experiences are questioned on IQ tests. Disadvantaged students have not been exposed to the same set of experiences and thus score lower. They also believe that educators view Black student cultural differences as indicators of deficiencies because of differences in adaptive behavior and social development. This then leads to higher percentages of Blacks and low socioeconomic status students being placed in EMR classrooms.

Authors such as Maheady, Towne, Algozzine, Mercer, and Ysseldyke (1983) have suggested that the quest for more fair measures of ability have not been productive. Instead they propose that the problem lies with the poor quality of instructional services students receive before

they are referred for special education. They list a number of alternatives that could be tried before referral such as using a direct instructional approach as in DISTAR or ALEM, developing more individualized instruction techniques, or implementing precision teaching or class-wide tutoring.

Reschly (1988) suggests that the problem is not that more Blacks or low socioeconomic status children are placed in particular special education placements. If students are unable to be successful in the regular classroom, and they are not or they would not be referred, they do need special education services. The particular label is not important. What matters according to him is the quality of special services received. This cannot be determined by the "characteristics" of the students in each placement and he asks why should placement matter if the students are receiving an appropriate education.

Wright and Cruz (1983) suggest that future research should use a case study approach on students in the overrepresented populations. They believe valuable insights could be attained which will help identify the causes of differential identifications.

Problems remain in the identification of students in the subjective

categories and may never be resolved. Concentration needs to be placed on service in the regular classroom so that these students are provided with the best possible education. Individual differences and needs must be recognized and addressed. Once placed in special education, regardless of the label, services must be of the highest quality so that educational and life needs are met which affords the student the means to become a productive, successful adult in our society.

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